21117

SOS APA Form 001

## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURE	S NOTICE FILIP	IG				
AGENCY NAME MS State Board of Physical Therapy			CONTACT PERSON Stephanie Boyette		TELEPHONE NUMBER 601-352-2918	
ADDRESS PO Box 55707, Jackson, MS 39296		CITY Jackson		STATE MS	ZIP 39296	
EMAIL sboyette@msbpt.ms.gov	SUBMIT DATE 04/26/15	Name or number of rule(s): Title 30, Part 3101, Chapter 5		l ma	35250	
Short explanation of rule/amendment	t/repeal and reaso	on(s) for proposing rule/amendi	ment/repeal:	Emergency Ru	ile to amend the	
Public Records rule to comply with cur	rrent Mississippi s	tatutory provision and to clarify	and revise cl	harges for reco	rds.	
Specific legal authority authorizing the List all rules repealed, amended, or susper	promulgation of	rule: Miss Code Ann Section	73. 23. 42(1)(a) D			
ORAL PROCEEDING:						
An oral proceeding is scheduled fo	r this rule on Da	te: Place:				
Presently, an oral proceeding is no						
If an oral proceeding is not scheduled, an oral protein (10) or more persons. The written request is notice of proposed rule adoption and should incagent or attorney, the name, address, email addressment period, written submissions including ECONOMIC IMPACT STATEMENT:	lude the name, addre	o the agency contact person at the abovess, email address, and telephone numb	re address within er of the person(	twenty (20) days a s) making the requi	ofter the filing of this est; and, if you are ar	
Economic impact statement not red	quired for this rul	e. Concise summary of e	conomic imp	act statement a	ittached.	
TEMPORARY RULES	PROP	OSED ACTION ON RULES	The same control of the same	FINAL ACTION ON RULES		
X Original filing	Action prop			Date Proposed Rule Filed: Action taken:		
Renewal of effectiveness To be in effect in days	New	rule(s) ndment to existing rule(s)	Adopted with no changes in text			
Effective date: Repea		of existing rule(s)  Adopted by reference				
Immediately upon filing Other (specify): Prop		Adoption by reference Wit		hdrawn		
(0,500)		ys after filing	Effective dat	al adopted as pro	pposed	
		r (specify):		ys after filing		
Printed name and Title of norsen au	thorized to file	1 0 1 1 2	Other	r (specify):		
Printed name and Title of person au Signature of person authorized to fi	le rules:	Stephanie Boyette, E	xecutive Dire	ector		
			DIE			
OFFICIAL FILING STAMP	1	FICIAL FILING STAMP	OF	FICIAL FILING S	TABAD	
MAR 2 6 2015 MISSISSIPPI SECRETARY OF STATE				TICIAL PILING S	IAMIP	
Accepted for filing by	Accepted fo	or filing by	Accombade	w fillin – L		
#21117 (M)	, seepteu it	and wy	Accepted fo	r filing by		